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October 26, 2006

Jeffery Ubersax
Jones Day
North Point - 901 Lakeside Ave
Cleveland, OH 44114-1190

RE: Suzanne Genereux
VS: Brush Wellman

Dear Mr. Ubersax:

I am a board-certified pulmonologist and a certified and six times recertified NIOSH B reader. I have evaluated over 250 patients with actual and suspected beryllium sensitization and CBD. My Curriculum Vitae and Rule 26 response are appended as Attachments A and B. My charges are $500/hour for review of records, preparation of reports, participation in depositions, hearings, and trials.

I have reviewed a report of Lee Newman, M.D. dated 26 September 2002 regarding his evaluation of Ms. Genereux on 27 August 2002 at the National Jewish Hospital in Denver, CO. My findings and comments are as follows:

1. Based on the finding of a single non-necrotizing granuloma beneath the bronchial epithelium, he has concluded that she has chronic beryllium disease (CBD), rather than beryllium sensitization.

   However, CBD is defined as the presence of a granulomatous pneumonitis, which requires abnormal alveolar tissue for documentation. Dr. Cool noted no abnormalities of the alveolated tissue found in the transbronchial lung biopsy.

   I personally examined this slide and found only a single noncaseating granuloma in the peribronchial connective tissue. The alveoli were entirely normal. Therefore, there is no evidence of a granulomatous pneumonitis.

   Further, there were only 6% lymphocytes along with a low total cell count in the BAL fluid, the balance of which were macrophages. This is the opposite of the usual picture seen in CBD. This "aberration" can not be explained by smoking in this case. The spirometry and lung volumes were normal and the diffusing capacity was at the

lower level of normal. There was no evidence of interstitial lung disease on her chest x-ray or high-resolution CT scan, which would also rule out any clinically significant interstitial lung disease, including CBD. There is a very poor correlation between the SI index and the presence of and severity of CBD. Therefore, the SI index of 92.2 is not diagnostic of CBD, but rather only of sensitization.

2. He also considers the "possibility" that her "asthma symptoms" beginning in the 1980s were due to CBD.

   In view of the fact that CBD does not affect the airways, this is speculative at best, especially in view of the additional fact that she did not have any airways obstruction at the time of his evaluation.

3. He recommended treatment with Flovent 220 4 puffs b.i.d., which has never been documented to improve the symptoms and disordered physiology of CBD.

4. He further indicated that she will likely require treatment for her "CBD" with prednisone and methotrexate.

   Neither of these medications have been documented in epidemiologic studies to influence the clinical course of CBD and are fraught with dangerous side effects, particularly in view of her underlying diabetes mellitus. In view of the fact that she does not have any objective evidence of CBD or even subclinical CBD, it is extraordinarily unlikely that she will require treatment in the future. In my experience, patients who present with only beryllium sensitization do not go on to develop clinical CBD.

If there are any further questions, please do not hesitate to write or call.

Sincerely yours,

Lawrence Repsher

Lawrence Repsher, M.D.
LHR/bs